

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SEARCH NO. <b>097403543</b>	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.
1	1		1				51			
2	1		1				52			
3	(1)		(1)				53			
4	(1)		(1)				54			
5	(1)		(1)				55			
6	(1)		(1)				56			
7	(1)		(1)				57			
8	1		1				58			
9	1		1				59			
10	(1)		1				60			
11	(1)		1				61			
12	(1)		1				62			
13	(1)		1				63			
14	(1)		1				64			
15	(1)		1				65			
16	(1)		1				66			
17	(1)		1				67			
18	(1)		1				68			
19	(1)		1				69			
20	(1)		1				70			
21							71			
22							72			
23							73			
24							74			
25							75			
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36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	2		2				TOTAL IND.			
TOTAL DEP.	18	18	18				TOTAL DEP.			
TOTAL CLAIMS	20	20	20				TOTAL CLAIMS			